



**Department of the Secretary of State
Bureau of Motor Vehicles**

**MOTORCYCLE RIDER EDUCATION PROGRAM
INSTRUCTOR LICENSE APPLICATION**

Name: _____ DOB: _____

Home Tele. #: _____ Work # _____ Cell# _____

Mailing address: _____

City: _____ State: _____ Zip: _____ County: _____

School Affiliated with: _____ School Tel# _____

Email Address: _____

1. Have you completed a Motorcycle Instructor Preparation Course for the 8 hour MMSEC course?

_____ If yes, please submit copy of certificate. Not needed for renewal.
Yes No

2. Are you certified to teach the BRC by the Motorcycle Safety Foundation?

If yes, please submit copy of certificate. Not needed for renewal.

_____ Yes No

3. Do you have a high school diploma or GED equivalent?
for renewal.

_____ Yes No

Submit copy of diploma. Not needed

4. Have you completed a Basic First Aid Course?

Yes No

If yes, submit certificate.

5. Do you possess a valid Maine operator's license?

Yes No

If no, what State. _____

6. Have you held a Motorcycle Endorsement for at least four years?

Yes No

If you hold an out of state license, please submit driving record from that state showing the year that you obtained your motorcycle endorsement.

7. Have you ever been convicted of a criminal offense in the State of Maine or any other state or province?

_____ Yes No

If yes, give details: _____

8. Have you completed an Experienced Rider Course (ERC) in the past 3 years?

If so, please submit a copy of your certificate.

Yes No

Not required for initial application.

9. (a) Are there any proceedings now pending relative to any suspension or revocation of your operator's license? _____ If yes, give details: _____
Yes No
- (b) Are there any proceedings now pending relative to any criminal offense? _____
Yes No
- If yes, give details: _____

10. Check ☒ any conditions below to which you are or have been subject to:
- | | |
|--|---|
| <input type="checkbox"/> epilepsy/seizures | <input type="checkbox"/> heart trouble |
| <input type="checkbox"/> blackouts/loss of consciousness | <input type="checkbox"/> diabetes |
| <input type="checkbox"/> stroke/shock | <input type="checkbox"/> Parkinson's disease |
| <input type="checkbox"/> mental/emotional | <input type="checkbox"/> paralysis |
| <input type="checkbox"/> limb amputation | <input type="checkbox"/> other disability...(explain below) |

Note: If you checked any box in question 7, please submit a medical evaluation form (CR-24) together with your completed application. Call 624-9156 if you need this form.

I am applying for instructor certification in order to offer instruction related to the operation of motorcycles and motor driven cycles in Maine. I certify that the information contained herein is true. I agree that any misstatement on this application shall be grounds for suspension, revocation or denial of my instructor certification.

Signature of applicant

Date

This application must be accompanied by a \$100.00 instructor license fee and \$15.00 to cover the fee for the criminal background check. Make the check or money order payable to the Secretary of State or complete the credit card info below. MSF certified instructors must file copies of certification along with this application.

If you are paying by credit card and would like to fax your completed application to us, the fax number is 624-9158.

I would like to pay my license fee by charging it to my:

- ☐ Visa
☐ Mastercard

The amount to be charged to my credit card is:

- ☐ \$100.00 Application Fee
☐ \$15.00 Criminal background fee if applicable

Credit Card Number _____ Expiration Date _____
Month/Year

Your address that you receive your credit/debit card statement at: _____

Name as it appears on the credit card (please print) _____

Signature _____ This transaction cannot be processed without the cardholders signature.

Daytime telephone number of cardholder _____